PTO/SB/06 (08-03)
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·	PATENT APPLI	as & displaye a valid OMB control number. Application or Docker Number.								
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY								OTHER THAN R SMALL ENTITY		
FOR	· NUME	NUMBER FILED		NUMBER EXTRA		PEE	•	RATE	FEE	
BASIC FEE (37 CFR 1.18(a))		•					OR			
TOTAL CLAMS (37 CFR 1.18(4)	20	minus 20			X 6		OR.	X \$ -		
(37 CFR 1/18(b))		minus 3			×		OR.	X 4 =		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(4))					11 4		OR:			
" If the difference	o in column 1 is less th	TOTAL	375	OR.	TOTAL	D				
CLAIMS AS AMENDED - PART II										
(Column 1) (Column 2) (Column 3)					SMALL	NITY	OR		R THAN, ENTITY	
A PLAN MAN LINE COLOR 178	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
O COOR 1.18		Minus	- 20	- 38	X 1=		OR	X 8=	950	
U prostus	2	aunil a	" 3	4	X 8=		QR	X 8=	400	
FIRST PRESENTATION OF ARILTIPLE DEPENDENT CLAIM (37 CFR 1.1869)					+ 5=		CR	+ <u>\$ ·</u> •		
pre amen 7.5					S ADOL FEE		OR	TOTAL ADD'L FEE	1350,0	
	(Column 1)		(Column 2) HIGHEST	(Column, 3)			1 1			
EN THE STATE OF TH	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL FEE	٠	RATE	ADDI- TIONAL FEE	
2 100		Minus	<u>"58</u>	0	X 5		OR	x s=		
D CAN I'ME	» : 7	Minus	<u>"7</u>	. 0	× 4 0		OR	x s		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CPR*1,18(1))							OR	19		
1,13,15,21,33,39,49					ADOL FEE		OR	ADOL FEE	<u> </u>	
1/3/10	(Column 1)		(Column 2) HIGHEST	(Column 3)	·					
ENT	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total arcon Line		-Minus	58		X 8 *- *		OR	× 8 =		
Total gram s.m. Independent gram 1.m. profit 1.m. Emery post	0	Minus	7	•	x 3•		OR	X 8=		
FIRST PRESENTATION OF MULTIPLE CEPENDENT CLAIM (ST. CFR L 16(0))								• •		
TOTAL ADOL FEE							OR OR	TOTAL ADD'L FEE	•	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Eighest Number Proviously Paid For" IN THIS SPACE is tess than 20, enter "20". "If the "Habest Number Proviously Paid For" IN THIS SPACE is tess than 20, enter "20".										

"If the "Highest Number Proviously Paid For" IN THIS SPACE is less than 3, enter "3".

The Trighest Number Proviously Paid For" (Total or independent) is the highest number bound in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 33 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time with vary depending upon the Individual case. Any comments on the entent of time you require to complete this form and/or suggestions for reducing this hunder, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1459, Alexandria, VA 22313-1450.

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